Agency Name				
			Date Stamp	California 201
California Legislature	•			Form OU
Division, Department, or Reg	jion (if applicable)			For Official Use Only
Joint Rules Committee/Cap	oitol Art Program			
Street Address			1	
1020 N Street, Suite 255		•		
Area Code/Phone Number	Email	· · · · · · · · · · · · · · · · · · ·	Amendment (explain	in comment acction)
916-651-1504	n/a		Amendment (explain	iii collinetti section)
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Koren R. Benoit, Capitol Cu	urator			(monur, day, year)
Donor Name and Addre			<u> </u>	
Lewis	Carol			
Individual Last Name	First Name	_ Dther		Name
5342 E. Abbeyfield Street	Long Beach		CA	90815
Address	City		State	Zip Code
	•			
If "Other" is marked, describe the entity	r's business activity (if business) or its nature and i	interests.		
•				
If applicable, i	identify the name of each source and the	he amount(s) r	eceived by the donor for	this payment:
	\$			\$
Name	Amount	· .	. Name	Amount
	ПRail ПAir П	Bus □ Aut	o 🗖 Other	,
Transportation Provider	Check Applicable	, ф		Name of Lodging Facility
Transportation Provider \$ Lodging Expenses		Boxes Expenses	Other Expenses	\$ Total Expenses
\$	Check Applicable \$ Meal Expenses Transportation E	Boxes \$ Expenses \$ 11/4/17	Other Expenses \$ 3,100.	\$Total Expenses
\$	Check Applicable \$ Meal Expenses Transportation E	Expenses 11/4/17 Dates (month,	Other Expenses \$ 3,100.	\$Total Expenses Total Expenses
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